MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/070005	

APPLICANT(S)

CLAIMS

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1				51						
2				1		1	52						
3				1		1	53						
4				1		1	54						
5				1		1	55						
6				1		1	56						
7							57						
8				1			58						
9							59						
10	1		1				60						
11							61						
12							62						
13				1			63						
14							64						
15			1		1		65						
16			1		1		66						
17							67						
18							68						
19							69						
20							70						
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36							86						
37							87						
38							88						
39							89						
40							90						
43							93						
44							94						
45							95						
46														
47														
48							98						
49							99						
50							100						
TOTAL IND.	3		4		2		TOTAL IND.						
TOTAL DEP.			7		5		TOTAL DEP.						
TOTAL CLAIMS	4		11		7		TOTAL CLAIMS						

PTO-1360 (5-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS